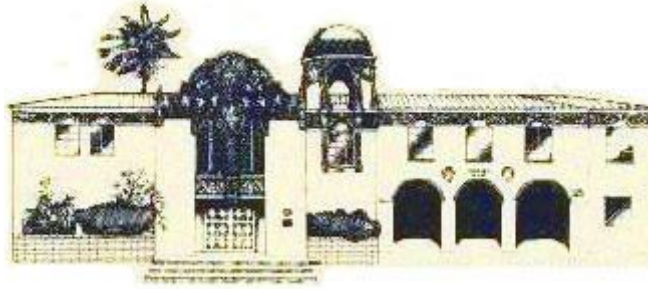


CITY OF WESLACO

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER



CITY HALL BUILDING - 1928
255 SOUTH KANSAS
WESLACO, TEXAS 78596

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, or the presence of a non-job-related medical condition, handicap or disability.

(PLEASE PRINT)

PERSONAL DATA

Date of Application _____

Position applied for _____
(Use one application for each position applied for)

Referral Service ☐ Advertisement ☐ Friend
☐ Employment Agency ☐ Other

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone: _____

Alternate # _____

Are you known by another name: ☐ Yes ☐ No

If yes, by what name? _____

Will you accept temporary employment? _____ Part time? _____

Shift Work? _____ What date can you be available for work? _____

Are you related, by blood or marriage, to any member of the City Commission or any person now employed by the City of Weslaco? ☐ Yes ☐ No If yes, please identify below:

<u>Name</u>	<u>Relation</u>	<u>Department</u>	<u>Position</u>

Have you been convicted of a misdemeanor or felony, been placed on probation, or released from prison within the last seven (7) years? This includes any traffic violations. ☐ Yes ☐ No

Have you ever resigned to avoid termination? ☐ Yes ☐ No

If you answered Yes to either of the above questions, describe in full, including date(s)

Have you been bonded? ☐ Yes ☐ No

If yes, for what position?

Is there any reason why you would not be able to perform the duties or fulfill the responsibilities described in the job description for this position? ☐ Yes ☐ No

If Yes, why?

PERSONAL REFERENCES

Give name, address, and phone number of three (3) references not related to you (not former employers or relatives) who have personal knowledge of your character, experience, and ability.

<u>Name</u>	<u>Mailing Address</u>	<u>City, State, Zip</u>	<u>Phone</u>	<u>Years Acquainted</u>
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1.

2.

3.

LICENSES & CERTIFICATION:

List and provide copies of all current licenses or certifications you hold (Driver's License, CDL, Plumbers, Electricians, Peace Officer, Firefighter, Teacher, etc.)

<u>Type</u>	<u>Issuing Agency</u>	<u>License No.</u>	<u>Exp. Date</u>
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EDUCATION: (Provide copies of Certificate(s), Diploma(s), and Transcript(s) as indicated below)

NAME OF SCHOOL	ELEMENTARY	HIGH SCHOOL	COLLEGE/UNIVERSITY
Years Completed (Circle One)	4 5 6 7 8	9 10 11 12	1 2 3 4 5 6
Did you graduate? (Check One)		DIPLOMA: _____ GED: _____	DEGREE: _____ MAJOR: _____
Vocational/Technical Associate/College Hours			

Summarize special job-related skills and/or qualifications acquired from employment or other experience:

EMPLOYMENT EXPERIENCE:

List below each job held. Begin with your Present or Last job. Include military service, full and part-time jobs, summer job, etc.

EMPLOYER	DATES	WORK PERFORMED
	FROM: TO:	
ADDRESS		
	SALARY	
PHONE NUMBER	STARTING: ENDING:	
POSITION HELD: SUPERVISOR'S NAME:		
REASON FOR LEAVING:		

EMPLOYER	DATES	WORK PERFORMED
	FROM: TO:	
ADDRESS		
	SALARY	
PHONE NUMBER	STARTING: ENDING:	
POSITION HELD: SUPERVISOR'S NAME:		
REASON FOR LEAVING:		

EMPLOYER	DATES	WORK PERFORMED
	FROM: TO:	
ADDRESS		
	SALARY	
PHONE NUMBER	STARTING: ENDING:	
POSITION HELD: SUPERVISOR'S NAME:		
REASON FOR LEAVING:		

EMPLOYER	DATES	WORK PERFORMED
	FROM: TO:	
ADDRESS		
	SALARY	
PHONE NUMBER	STARTING: ENDING:	
POSITION HELD:		SUPERVISOR'S NAME:
REASON FOR LEAVING:		

APPLICANT CERTIFICATION STATEMENT

I hereby certify that answers given herein are true and complete to the best of my knowledge and agree that if employed, any misrepresentation, falsification or omission of facts thereon shall justify my dismissal.

I hereby authorize THE CITY OF WESLACO to fully investigate my record and work qualifications either before or after my employment by the City of Weslaco and to facilitate such investigation. I understand that my employment is contingent upon passing a complete background investigation. I also hereby authorize any persons, office, agency, or source, having information and knowledge about my personal, employment, or financial history and other related matters as may be necessary in arriving at an employment decision to furnish and release such information to the City of Weslaco. I hereby release employers, schools, agencies, or persons from all liability in responding to inquiries in connection with my application.

In submitting this application, I understand that it becomes the property of the City of Weslaco and will not be returned.

Signature of Applicant _____ Date _____

Applicant, please note: All applications will be maintained in an active file for one (1) year and then discarded unless applicant contacts the Human Resources Office.

CITY OF WESLACO DRUG-FREE POLICY

The City of Weslaco promotes a drug and alcohol free work environment. The City mandates that applicants undergo a drug screening examination for illegal drugs and/or controlled substances prior to acceptance for final employment. The City of Weslaco requires this form to be signed prior to consideration for employment. Please read the statement below and sign as part of your application process.

I authorize the City of Weslaco to conduct a pre-employment drug screening test as a condition for employment. Further, I understand that refusal to give my compliance may result in my exclusion from further consideration for employment.

Signature of Applicant _____

Date _____

Print Your Name